

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014618

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 340Primary Registration District No. 3075Registrar's No. 21

FILED MAR 26 1963

## 1. PLACE OF DEATH

a. COUNTY Stoddardb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN  DexterLength of stay in 1b  
since Sept 13, 1962c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Dexter Conv. ManorInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Scottc. CITY OR TOWN Scott CityInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First ROBERT Middle ANDREW Last HILLEMAN4. DATE OF DEATH Mar 4, 19635. SEX Male6. COLOR OR RACE White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH Nov 16, 18849. AGE (last birthday) 78IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
R.R. Conductor10b. KIND OF BUSINESS OR INDUSTRY  
Rail Road11. BIRTHPLACE (City and state or country)  
near Selms mo12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Adolph Hillemann

## 13b. MOTHER'S MAIDEN NAME

Louisa Schmalske

## 14. NAME OF HUSBAND OR WIFE

Hulda Sandra Hillemann15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

## 16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Robt Hillemann Address Scott City, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Perforated peptic ulcerINTERVAL BETWEEN  
ONSET AND DEATH  
13 daysConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Advanced arteriosclerosis5 years

## DUE TO (c)

Permissive anemiayears

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 13, 1962 to March 4, 1963 and last saw her alive on March 4, 1963  
Death occurred at 2:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BISPLINGHOFF FUNERAL HOMEScelms. mo3/16/63Delma V. Finkbe

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

MAR 27 1963

Removal of Embalmer  
March 31/63 J.E.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Oliver C. Amst*

Licensed Embalmer No. 4470

P. O. Address

*Illmo. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.